

Eventually, Mrs. Ybarra realized the goal of her professional pursuit—she became a computer specialist. She sought such a position because she knew it was central to our economy and our government . . . it was eventually central to the efforts of SBA's preparation for Y2K. She overcame the challenge of Y2K with grace, poise and success.

Mrs. Corine C. Ybarra is not only a pioneer for the field of computer technology but a model citizen for us all. Through her efforts she creates a pleasant and productive working environment.

I ask the House of Representatives to join me today in commending Corine Ybarra for her outstanding contribution to the stability of our business community.

REINTRODUCTION OF THE OSTEOPOROSIS EARLY DETECTION AND PREVENTION ACT

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 2, 2001

Mrs. MALONEY. Mr. Speaker, I would like to address an important health care concern that affects nearly 30 million Americans. It is especially appropriate that I rise today because May is Osteoporosis Prevention Month. Osteoporosis is a disease characterized by low bone mass or brittle bones. The statistics are startling. For instance, 71 percent of women with osteoporosis are not diagnosed, leaving them at increased risk for fractures. Osteoporosis causes 300,000 new hip fractures each year. Less than one-third of patients fully recover from a hip fracture and only one in five persons who suffer a hip fracture will survive more than a year. The costs associated with this disease are in excess of \$13.8 billion annually. With an aging population, costs and disability are only expected to escalate. It is time that we did something about it.

Today, joined by Congresswoman MORELLA, I have re-introduced, with strong Congressional support, the "Osteoporosis Early Detection and Prevention Act of 2001." Senators TORRICELLI and SNOWE re-introduced the companion bill in the Senate. This bill would amend the Public Health Service Act and Employee Retirement Income Security Act of 1974, requiring private insurers to reimburse for bone mass measurement.

My bill requires private health insurance plans to cover a bone mass measurement test for qualified men and women who are at risk for developing osteoporosis. Bone mass measurement is a non-invasive, painless and reliable way to diagnose osteoporosis before costly fractures occur. The average cost to treat one hip fracture is \$32,000, while a simple bone density test costs an average of \$250. Bone density is the most efficient and predictive method for determining whether an individual is at risk for future fracture.

Building strong bones can be the best defense against developing osteoporosis later in life. Women and men are encouraged to eat a balanced diet rich in calcium and vitamin D, to exercise and lead a healthy lifestyle. However, because many Americans are unaware

that they are at risk for contracting this debilitating disease, early detection is even more critical and can be a matter of life or death. If we can identify those at risk, we can reduce pain, suffering, and billions of dollars in health care expenditures. According to the National Osteoporosis Foundation, a recent study of 1,162 women age 55 years and older who had broken their wrists found that fewer than one-fourth of them had received a bone density diagnostic test or a medication approved for osteoporosis treatment after the fracture. More women and men must be tested.

The Osteoporosis Early Detection and Prevention Act of 2001 is needed because by the time men and women, but especially women, come of age to enter the Medicare program, it is often too late. Medicare covers bone density testings, but many private health insurance plans do not. It is extremely important that we target individuals at the age of menopause, before they begin excessive bone loss. We do not want to continue to lose hundreds of thousands of individuals to this disease.

Currently, many private insurance companies do not reimburse for bone mineral density exams. Others severely limit access to the technology by requiring physicians to refer their patients out to large imaging centers. These insurance companies are preventing those at risk from being screened. We need to require insurers to provide access to the technology so we can identify those at risk. The number of individuals who will benefit from this technology is significant. In the U.S. today, eight million women and two million men have osteoporosis and 18 million more have low bone mass, placing them at risk for this disease. The primary care physician should have the means to adequately screen for this disease. The technology is there.

So to mark Osteoporosis Prevention Month and to save thousands upon thousands of Americans from suffering, I urge my fellow Members to join me in my support of this bill. Let's do what we can to put an end to this disease.

UNBORN VICTIMS OF VIOLENCE ACT OF 2001

SPEECH OF

HON. JOHN N. HOSTETTLER

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 26, 2001

Mr. HOSTETTLER. Mr. Speaker, I rise in strong support of H.R. 503, the Unborn Victims of Violence Act and oppose the Lofgren one-victim substitute.

This bill is really a simple one. It states that if a criminal, in his attack on a pregnant woman, injures the child also, than that criminal should be held responsible for his attack on both individuals.

As a father myself, I have witnessed people's reaction to my wife's pregnancy. They do not ask if we hope that our product of conception will continue in pregnancy without interruption. No, they ask questions like "Is it a boy or a girl?"; "Have you picked out a name for your baby yet?" "Are your other children looking forward to their new brother or sister?"

You see, Mr. Speaker, they recognize what should be obvious to all. They recognize what our Founding Fathers thought obvious. In fact, they called it "self evident" that our Creator has endowed everyone with this unalienable right.

Its inconsistent and hypocritical that federal law fails to recognize crimes against the unborn as just that . . . crimes. I see no valid legal or moral difference between committing a crime against an individual one day prior to birth and one day after. We hear stories like that of Ms. Pace, who was assaulted one day before her due date. Her boyfriend had paid hit-men \$400 for the express purpose of killing the child, not her. Did he hire them to kill a "product of conception"? No, he hired them to kill a baby for whom he did not want to be responsible.

Rightfully, we find ourselves outraged at stories of child abuse and neglect . . . Stories of babies being beaten and abandoned by their parents. Yet those on the other side would have us believe that an assailant should face no penalty for the willful killing of the same child before birth.

If an assailant, while in the commission of a federal crime, harms a baby then he should be responsible for the harm caused to that baby. Its really that simple. For most Americans it's common sense. Unfortunately, what would otherwise make perfect sense gets lost here in Washington.

Mr. Speaker I urge my colleagues to support the underlying bill and reject the Lofgren amendment.

CONSTITUTIONAL CHALLENGES TO STATE UNBORN VICTIMS LAWS

(All challenges were unsuccessful. All challenges were based on Roe v. Wade and/or denial of equal protection, unless otherwise noted.)

California: *People v. Davis*, 872 P.2d 591 (Cal. 1994).

Georgia: *Smith v. Newsome*, 815 F.2d 1386 (11th Cir. 1987). Related state supreme court decision: *Brinkley v. State*, 322 S.E.2d 49 (Ga. 1984) (vagueness/due process challenge).

Illinois: *U.S. ex rel. Ford v. Ahitow*, 888 F.Supp. 909 (C.D.Ill. 1995), and lower court decision, *People v. Ford*, 581 N.E.2d 1189 (Ill.App. 4 Dist. 1991). *People v. Campos*, 592 N.E.2d 85 (Ill.App. 1 Dist. 1992). Subsequent history: appealed denied, 602 N.E.2d 460 (Ill. 1992), habeas corpus denied, 827 F.Supp. 1359 (N.D.Ill. 1993), affirmed, 37 F.3d 1501 (7th Cir. 1994), certiorari denied, 514 U.S. 1024 (1995).

Louisiana: *Re double jeopardy—State v. Smith*, 676 So.2d 1068 (La. 1996), rehearing denied, 679 So.2d 380 (La. 1996).

Minnesota: *State v. Merrill*, 450 N.W.2d 318 (Minn. 1990), cert. denied, 496 U.S. 931 (1990). *Re establishment clause—State v. Bauer*, 471 N.W.2d 363 (Minn. App. 1991).

Missouri: *State v. Holcomb*, 956 S.W.2d 286 (Mo. App. W.D. 1997).

Ohio: *State v. Coleman*, 705 N.E.2d 419 (Ohio Ct. App. 1997).

Wisconsin: *Re due process—State v. Black*, 526 N.W.2d 132 (Wis. 1994) (upholding earlier statute).

STATEMENT OF MICHAEL LENZ BEFORE THE SUBCOMMITTEE ON THE CONSTITUTION HEARING ON H.R. 2436; THE UNBORN VICTIMS OF VIOLENCE ACT OF 1999, JULY 21, 1999

Committee members, I would like to give you some background on myself and my late wife Carrie Lenz.